

Jana Vignana Vedika | Sundarayya Vignana Kendram | Hyderabad

***NATIONAL CONVENTION ON MEDICAL EDUCATION AND
STRENGTHENING OF PUBLIC HEALTH SERVICES***



Is health care ready for
DISRUPTION?

PROF DASARI PRASADA RAO

Cardio Thoracic Surgeon and Chairman

Indo-US Superspeciality Hospital, Ameerpet, Hyderabad



All India People's Science
Network



Jan Swasthya Abhiyan

21 DEC 2019



JANA VIGNANA VEDIKA TELANGANA

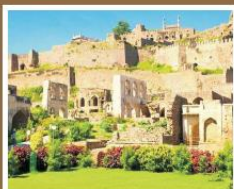
Regd. No 267/2014
Affiliated to All India People's Science Network

B-4,F-2, HIG, Baghlingampally,
Hyderabad - 500044.

Phone : 9848182559, 9490300488, 9959966211
Email. gsjvvtelangana@gmail.com

NATIONAL CONVENTION ON MEDICAL EDUCATION AND STRENGTHENING OF PUBLIC HEALTH CARE SERVICES

21,22nd December 2019
Sundarayya Vignana Kendram, Baghlingampally,
Hyderabad.



AN APPEAL

We are pleased to inform you that we are organizing the National Convention on "Medical Education and Strengthening of Public Health Care Services" in the historic city of Hyderabad on 21 & 22nd December, 2019 at Sundarayya Vignana Kendram, Hyderabad.

JVV, a voluntary science organization, has been working for the past 31 years in the state to inculcate scientific temper among the masses and particularly amongst the students.

The convention is conceived by All India Peoples Science Network and Jan Swasthya Abhiyan together. Over 200 delegates from across the country will participate in the event.

The emerging trends in the national arena with respect to health policy would be discussed by the participants.

Key Discussions :

- ◇ National Medical Education
- ◇ Public Health System
- ◇ Ayushman Bharat & thrust on Public Private Partnerships

As you are aware, meeting of such importance and magnitude needs the support of well wishers like you.

We request your contribution in terms of cash or kind or souvenir advertisement to help us to make the event successful.

Note : Payment in favour of
"Jana Vignana VEDIKA Telangana"

Bank - State Bank of India
Branch : Nallakunta, Hyderabad
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Dr. Ande Satyam
President JVV

Ravula Vara Prasad
General Secretary JVV

Anumukonda Suresh
Organising Secretary

ORGANISING COMMITTEE

ORGANISING COMMITTEE

CHAIRMAN

Prof. Dasari Prasada Rao
Cardiothoracic Surgeon, Padmasri Awardee

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Telangana Nursing Homes Association*

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TREASURER

B. Jagan Mohan Rao, *State Secretary - JVV*



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NATIONAL CONVENTION ON MEDICAL EDUCATION AND STRENGTHENING OF PUBLIC HEALTH CARE SERVICES

21ST DECEMBER, 2019

INAUGURAL SESSION

9:30 am - 10:30 am

Welcome : **Ravula Varaprasad**, *General Secretary, JVV Telangana*

Inaugural Address : **P. Rajamanickam**, *AIPSN General Secretary*

Chairpersons Address : **Prof. Dasari Prasada Rao**, *Cardiothoracic Surgeon, Padmasri Awardee*

Guest Address : **Dr. Gopalam Shivannarayana**, *MD, DM, Urologist*

Vote of Thanks : **A. Suresh**, *Org. Secretary, JVV, Telangana*

Agenda

- Disruptive innovation in healthcare
- Rising trend of non-communicable diseases
- Leveraging cross-sector community
- Be a heart Hero – be involved, take action



Disruptive innovation in healthcare



HOSPITAL

Whatever our customers need.

DISRUPTIVE
INNOVATION
IT



Now you're

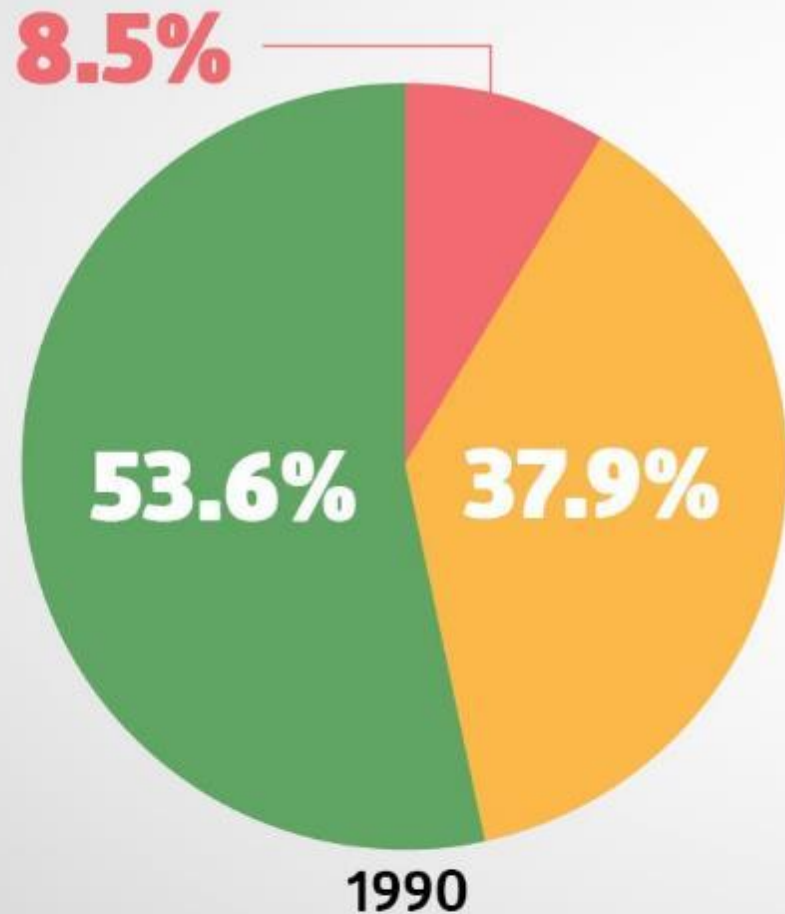
talking.

pwc

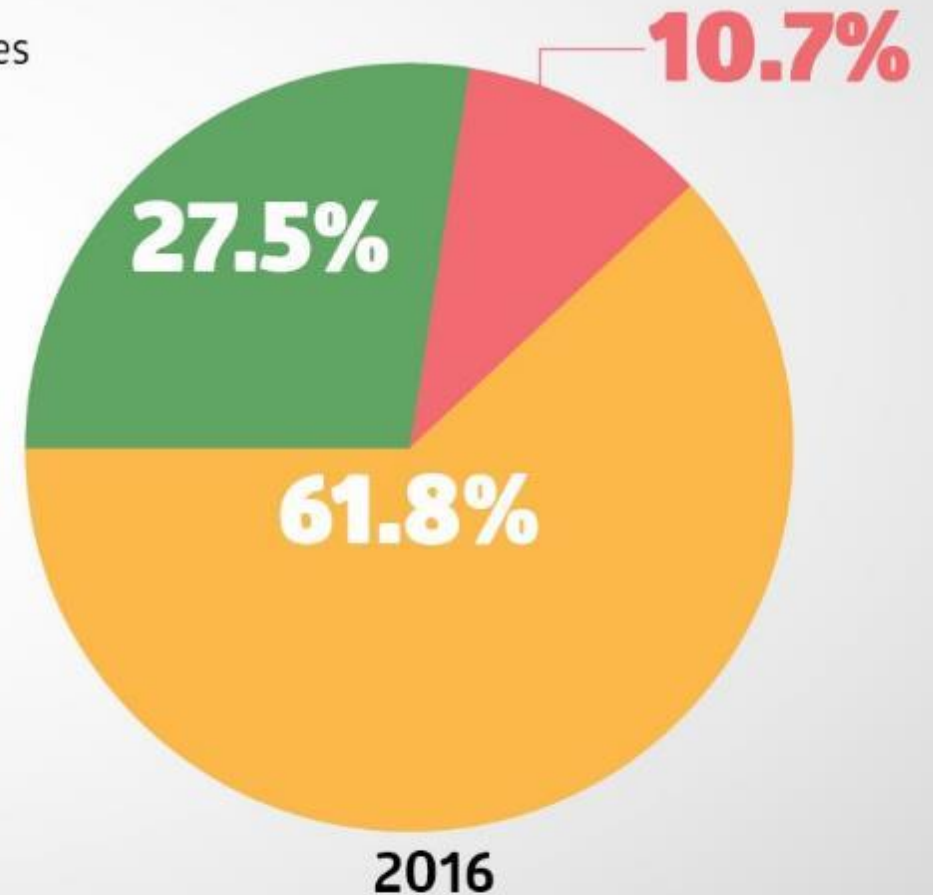
Rising trend of non-communicable diseases

HEALTH OF THE STATES

Contribution of major disease groups to total deaths in India, 1990 and 2016



- Communicable, maternal, neonatal, & nutritional diseases
- Non-communicable diseases
- Injuries



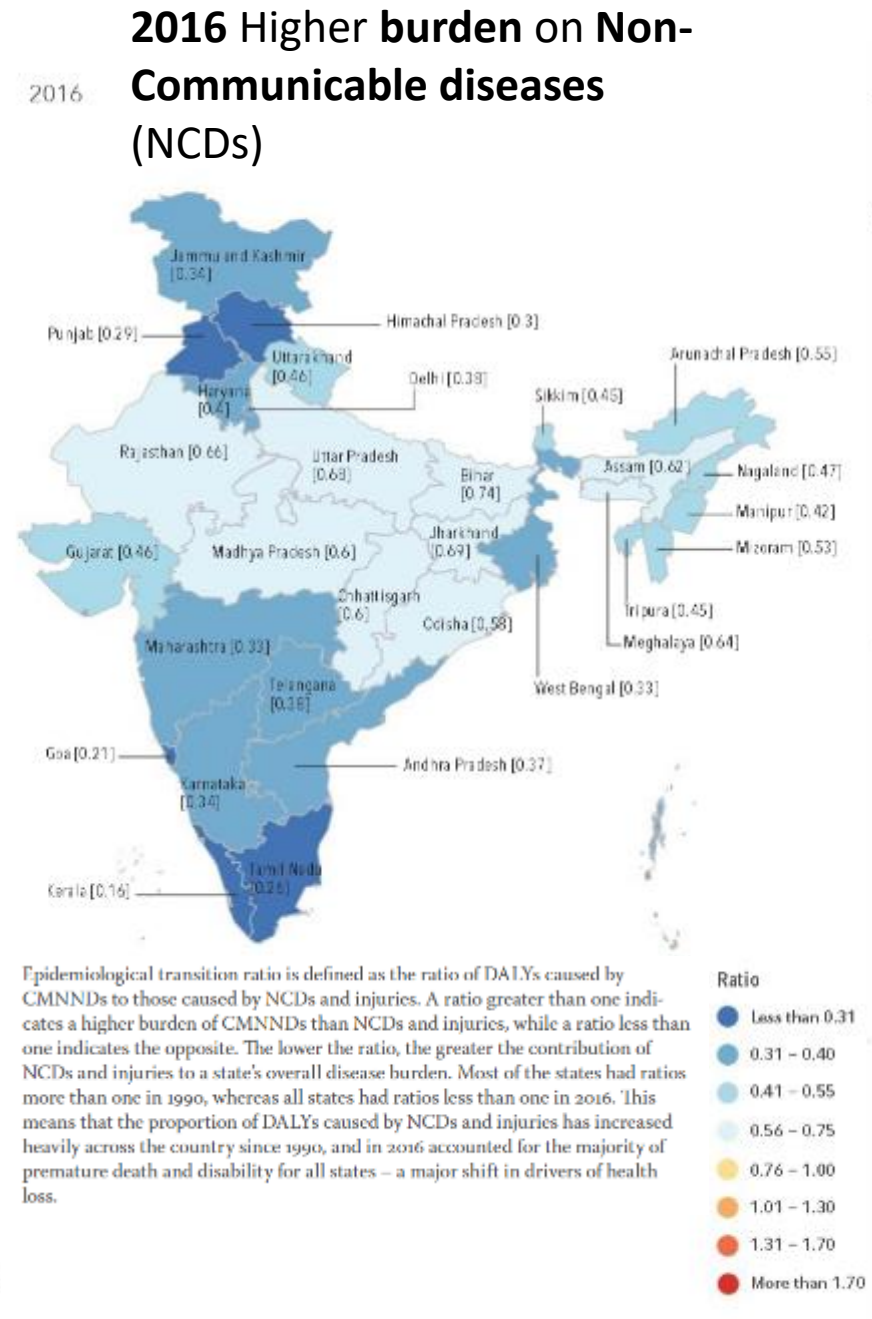
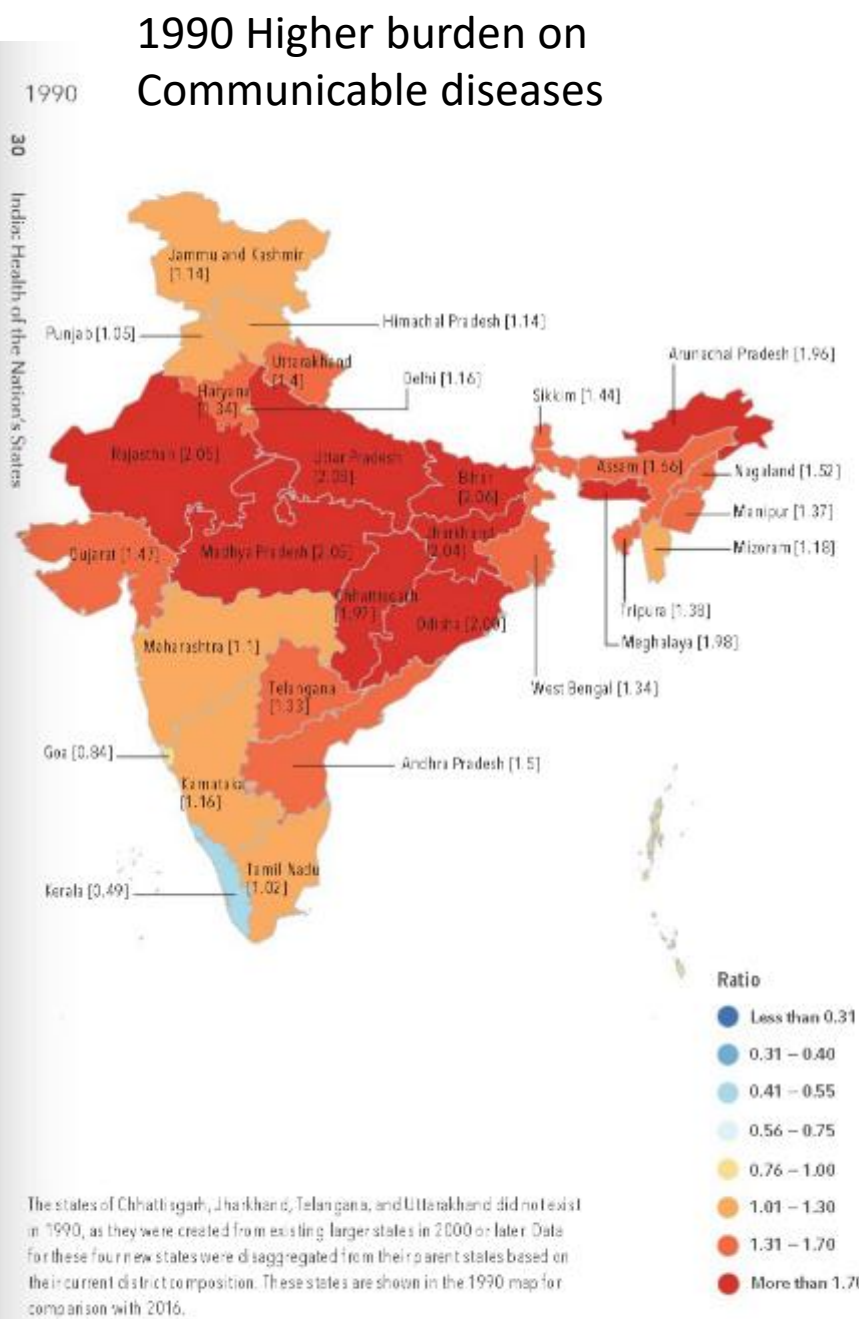


Figure 3
Epidemiological transition ratios of the states of India, 1990 and 2016

- India's states will require very different policy approaches change in nature of disease burden they are facing in 2016

PROPORTIONAL MORTALITY*

INDIA

2016 TOTAL POPULATION: 1 324 000 000
2016 TOTAL DEATHS: 9 569 000

▶ 27%

Cardiovascular diseases

▶ 13%

Other NCDs

▶ 9%

Cancers

▶ 26%

Communicable, maternal, perinatal and nutritional conditions

▶ 11%

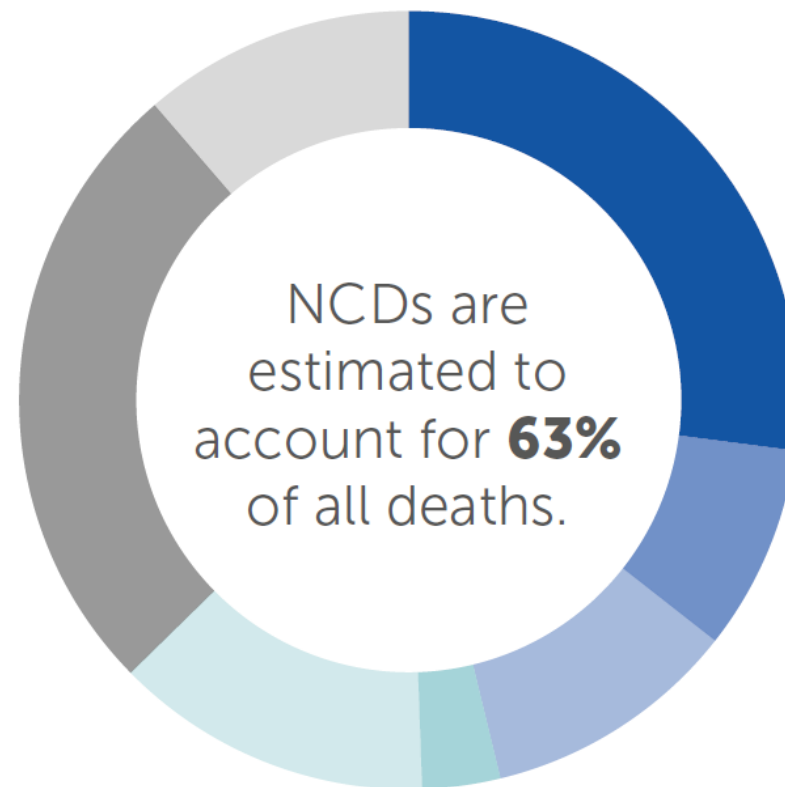
Chronic respiratory diseases

▶ 11%

Injuries

▶ 3%

Diabetes



RISK FACTORS



Harmful use of alcohol



Physical inactivity



Salt/Sodium intake



Tobacco use



Raised blood pressure



Diabetes

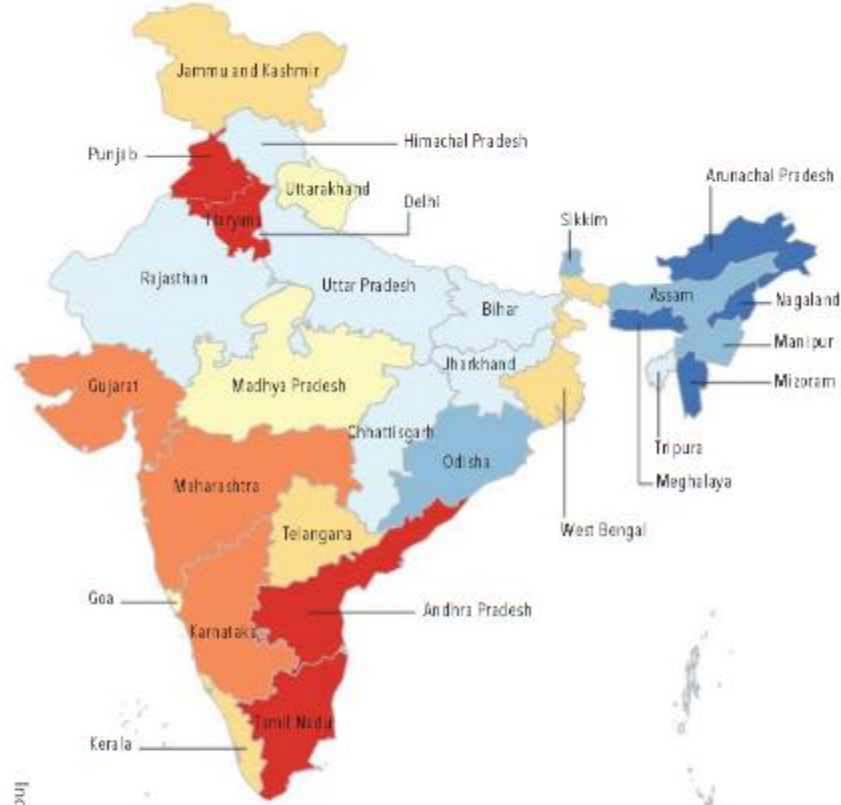


Obesity

1 343 500 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

Ischaemic heart disease

Chronic obstructive pulmonary disease

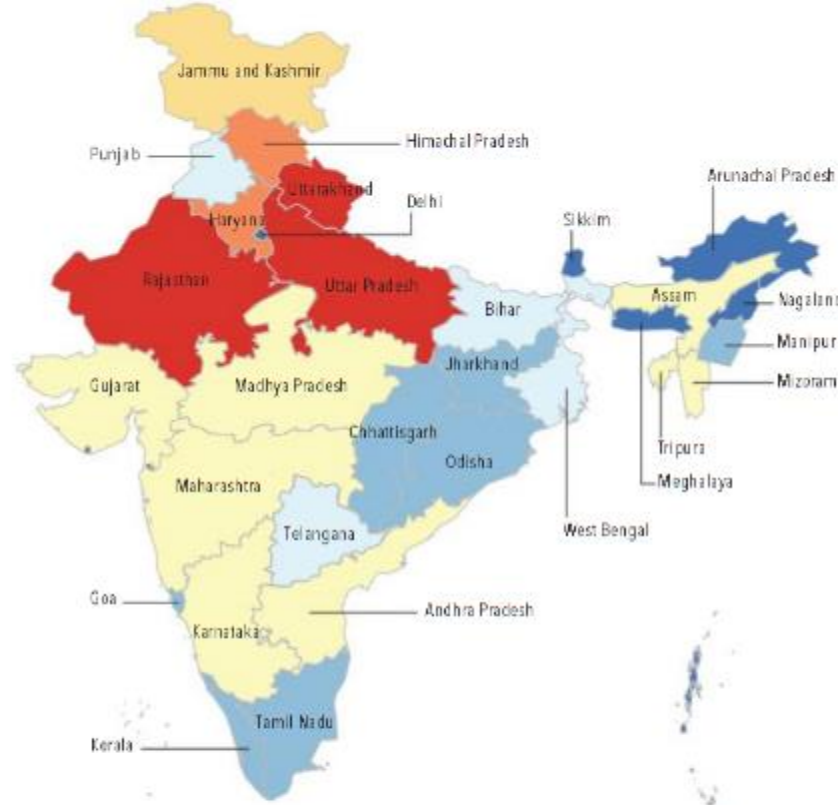


DALYs per 100,000

- Less than 1500
- 1500–1999
- 2000–2499
- 2500–2999
- 3000–3499
- 3500–3999
- 4000 or more

Risk factors for cardiovascular disease and diabetes

Unhealthy diet, high blood pressure, high blood sugar, high cholesterol, and overweight together contribute about a quarter of the total disease burden in India presently, as compared with a little over a tenth of the total disease burden in 1990. This phenomenal increase is responsible for the increasing dominance of NCDs in every state of the country, particularly ischaemic heart disease, stroke, and diabetes, though to a variable extent. All of these



DALYs per 100,000

- Less than 1000
- 1000–1249
- 1250–1499
- 1500–1749
- 1750–1999
- 2000–2249
- 2250 or more

Figure 16
DALY rates due to ischaemic heart disease and chronic obstructive pulmonary disease in the states of India, 2016

**Heart Disease
breakdown
(2016)**
Policy action
commensurate
with disease
explosion
needed across
all states in
India

Leveraging cross-sector
community

This year on World Heart Day, our objective is to create a global community of Heart Heroes... inspiring people from all walks of life who are acting now to live longer, better, heart-healthy lives by making a promise. A promise that every single person can make and stick to. A promise that will help us achieve our overarching goal: heart health for everyone.



*because every
heartbeat matters*

58 LAKH DIE DUE TO NCDs IN INDIA

Non-communicable diseases (NCDs) like cancer, diabetes and cardiovascular diseases are the leading global cause of death and are responsible for **70% of deaths** worldwide

THE INDIA PICTURE

In India, **61%** of deaths are from non-communicable diseases

58.17 lakh
Total number of NCD deaths in India



23%
At risk of premature death from NCDs in India

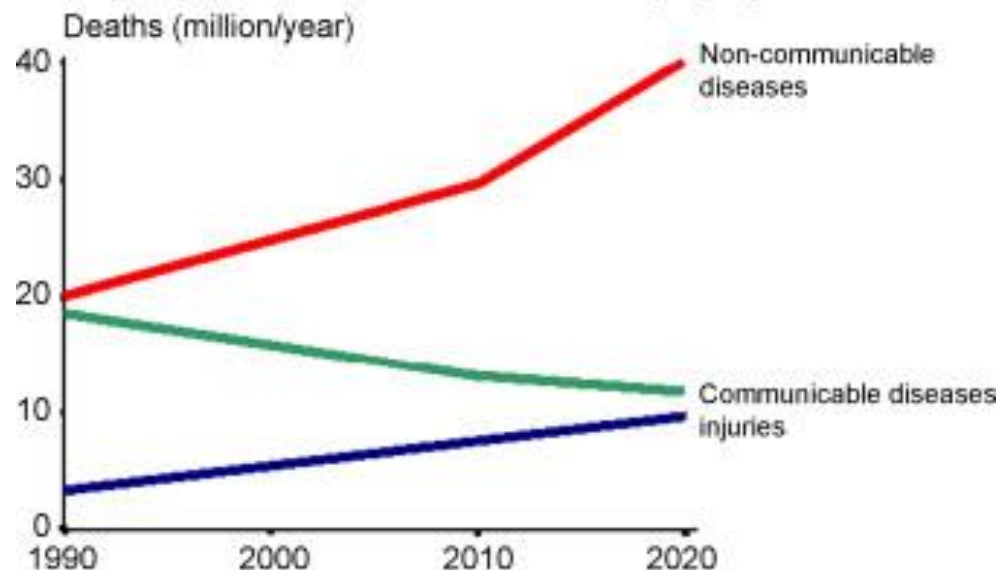
Cancer, diabetes and heart diseases account for 55% of the premature mortality in India in the age group of 30-69 years

TOP 10 CAUSES OF DEATH

	% of total deaths	% change 2005 to 2015
Heart attack/failure	16	+17
Lung disease (COPD)	10	+4
Stroke/brain hemorrhage	8	+7
Bronchitis/Pneumonia	5	-23
Diarrheal diseases	5	-32
Tuberculosis	5	-31
Diabetes	3	+35
Chronic kidney disease	3	+21
Preterm birth	3	-40
Road injuries	3	-3

■ Communicable
■ Non-communicable
■ Injuries

Projected trends in cause of deaths in developing regions



Source: Global Burden of Disease study (Murray & Lopez 1996)

RINGING ALARM BELLS

➤ Non-communicable diseases' (NCDs) contribution to mortality in India is expected to increase from 53% in 2008 to 73% by 2030

➤ India's share in global productivity loss due to NCDs is estimated to be **25% by 2030**

➤ NCDs & mental disorders likely to result in **economic loss of \$4.58 trillion** in India between 2012 and 2030

➤ More than **20% of the population in India have at least one chronic disease** and more than 10% of the people are suffering from more than one



Cardio-vascular diseases caused **26%** deaths in India in 2014, while **chronic respiratory disease, cancer and diabetes** account for **13%, 7% and 2%** respectively

1 INVESTMENT CASE



NCDs pose a substantial economic burden to all countries – USD 21.3 trillion for LMICs over the period 2010-2030 if we don't act now. Quantifying the social and economic costs of NCDs, and understanding returns on investment, has been a priority request from governments. The Joint Programme will support governments to calculate the costs of inaction, and develop the financial case for why working across sectors to prevent and control NCDs makes economic sense.

Output:
A completed NCD investment case developed, consisting of WHO-led 'One Health' modeling and a UNDP-led institutional context analysis.

Cost:
USD 75,000 per country.

2 STRONG COORDINATION MECHANISMS IN PLACE



Action across sectors requires new ways of working together. The Joint Programme will support the development of accountable mechanisms to foster engagement and collaboration between governments, civil society and other sectors. This includes establishing normative codes of conduct and concrete channels for national stakeholder dialogue such as committees, consultations and fora.

Output:
Terms of reference, codes of conduct and functional mechanisms for engaging and managing multisectoral partnerships between government, non-government and multilateral bodies developed in accordance with global standards.

3 LOCAL ACTION PLANS AND PROGRAMMES IN PLACE



Unmanaged rapid urbanization is an underlying driver of NCD epidemics. Unique, local solutions are needed for different cities. The Joint Programme will assist municipal authorities to map local health inequities and NCD challenges, develop joint solutions and take strong action.

Output:
A fully costed municipal NCD plan for at least one large city and a project plan to catalyse activities in key areas, led by national and local stakeholders.

Cost:
USD 45,000 per country.

4 NCDs INTEGRATED INTO SDG PLANNING FRAMEWORKS



NCDs matter across the social, economic and environmental spectrum. But action on NCDs can only accelerate benchmarks across Agenda 2030 if countries plan smart, integrating policies and ideas to deliver win-wins. The Joint Programme will support governments to integrate NCDs into their broader national development plans, ensuring coordination of efforts across different sectors.

Output:
The multi-directional relationships between NCDs and other development issues reflected and planned for in SDG frameworks.

Cost:
USD 40,000 per country.

5 NATIONAL RISK REDUCTION POLICIES AND PROGRAMMES IN PLACE



Premature deaths from NCDs can largely be stopped through tackling a known group of behavioural risk factors. The Joint Programme will support stakeholders to implement national programmes that address tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet, helping countries realize their commitments in advance of the 2018 High-Level Meeting on NCDs.

Output:

Be a heart hero

– be involved, take action

CVD RISK FACTORS

A glowing orange heart shape formed by light trails against a dark background. The heart is composed of multiple overlapping, curved lines of light, giving it a sense of motion and depth. The background is dark and textured, with some subtle light variations.

There are many risk factors associated with heart disease and stroke. Some risk factors cannot be modified, such as persons' age, ethnicity and family history, while other risk factors, like high blood pressure, can be modified with altered behavior and/or treatment.

You will not necessarily develop cardiovascular disease if you possess one or more risk factors. However, in order to keep your heart healthy and diminish the chance of developing heart disease, you should reduce and control these modifiable cardiovascular risk factors by taking small actions such as eating a balanced diet, undertake regular exercise and quit smoking.

Modifiable risk factors:

- Physical inactivity
- Unhealthy diet
- Raised blood pressure
- Tobacco use
- Cholesterol
- Obesity and being overweight

Non-modifiable risk factors:

- Family history
- Diabetes

**WORLD HEART DAY
CAMPAIGN 2019**

CVD is the world's number one killer today. But it doesn't need to be this way. By making just a few small changes to our lives, we can reduce our risk of heart disease and stroke, as well as improving our quality of life and setting a good example for the next generation.



BE A HEART HERO

'MY HEART, YOUR HEART' is about bringing people together and creating a sense of commitment around the common issues related to heart health.

WORLD HEART DAY CAMPAIGN 2019

This year's theme is all about making a simple promise for your heart.

'MY HEART, YOUR HEART' is about bringing people together and creating a sense of commitment around the common issues related to heart health.

It is a concept that allows us to educate, inspire and motivate people to look after their hearts. It is personal, simple and encompassing. It's about saying to ourselves, the people we care for and individuals all around the world, "What can I do right now to look after my heart... and your heart?"

On World Heart Day, we will ask people to BE A HEART HERO by making a simple promise to someone they love or care about. A promise to eat more healthily, to be more active, to say no to smoking... Our aim is to educate, inspire and motivate people to keep their hearts healthy, while encouraging them to act as influencers themselves.

CVD is the world's number one killer today. But it doesn't need to be this way. By making just a few small changes to our lives, we can reduce our risk of heart disease and stroke, as well as improving our quality of life and setting a good example for the next generation.



CALL TO ACTION

BE A HEART HERO

We believe that every heartbeat matters. So this World Heart Day, we want everyone to be Heart Heroes by making a promise:

- A promise to our families to cook and eat more healthily, exercise more and stop using tobacco
- A promise to our children to help them to be more active and to say no to smoking
- A promise as healthcare professionals to help patients give up smoking and lower their cholesterol, and to raise awareness of all the causes of CVD

A promise for MY HEART, YOUR HEART

BE A HEART HERO

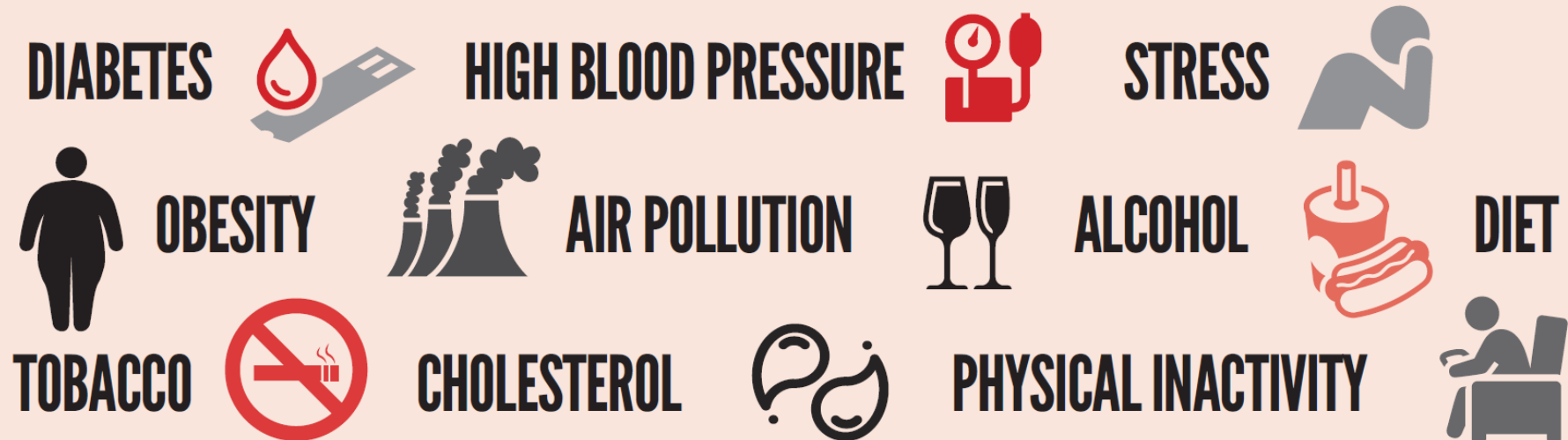


MAKE A PROMISE

PROMISE TO TAKE CONTROL OF YOUR HEART HEALTH

CVD RISK FACTORS

From conditions like high blood pressure and diabetes, to our lifestyles... there are lots of risk factors for cardiovascular disease



WHAT YOU CAN DO FOR A **HEALTHY HEART**

- ✓ Change your lifestyle
- ✓ Stop using tobacco
- ✓ Get more active
- ✓ Eat a heart-healthy diet
- ✓ Maintain a heart-healthy weight
- ✓ Get enough quality sleep
- ✓ Manage your stress

Some facts about physical activity and CVD

- Some studies have found that **15 MINUTES** of brisk walking every day can halve the risk of CVD mortality among seniors
- Reports suggest that using **pedometers** or **walking apps** and **setting daily targets** can **increase physical activity** by around a third

Some facts about weight and CVD

- Every 5-unit increase in BMI (body mass index) is associated with an increase in CVD mortality
- **Obesity** makes you **twice as likely** to have high blood pressure
- **Losing weight** can result in a **drop of blood pressure**

MONITOR YOUR **BLOOD PRESSURE** AT HOME



A home blood pressure monitor can be an effective way to manage your CVD risk

People who check their own blood pressure, along with education and counselling, can be better at sticking to their medicines and controlling their blood pressure



Some facts about sleep and hypertension



- **Short sleep duration** has been linked to increased likelihood of hypertension
- Some studies have shown that each hour of **reduced sleep** equals an increase in the likelihood of hypertension of around a third¹



BE INVOLVED IN SCREENING AND MANAGING HEART DISEASE



- Talk to your doctor about your risk factors
- Some heart diseases such as hypertension, atrial fibrillation and valvular heart disease have no symptoms in the early stages
- If you are at risk, connected devices can help you to track your heart health and share the results with your healthcare team



Some facts about sleep apnea and CVD

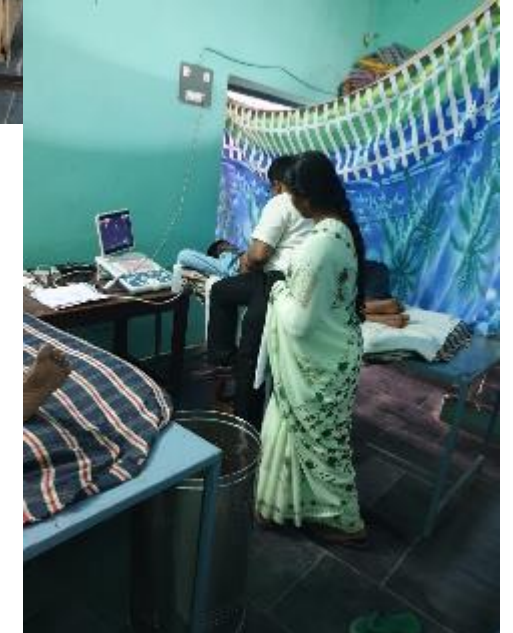
Obstructive sleep apnea can increase the risk of:

- Heart failure
- Stroke
- Coronary heart disease



Our Health Camps 2019

Indo-US Super Speciality Hospital
Telangana, India



Our Health Camps 2019

Indo-US Super Speciality Hospital

Telangana, India

పరిశీలనలు

ఎత్తు :

బరువు :

నడుము చుట్టుకొలత :

హార్ట్ రేట్ :

బిఎంబి :

ఇ.సి.జి. పరీక్ష (గుండె గ్రాఫ్) :

రక్త పరీక్షలు :

బ్లడ్ షుగర్ (చక్కెర వ్యాధి పరీక్ష) :

హెచ్.బి.1 (ఎస్) :

మూత్రపిండాల రక్త పరీక్ష :

యురియా, క్రియాటినిన్ పరీక్ష :

హిమోగ్లోబిన్ పరీక్ష :

ఆసిస్ట్ సంస్థ ఆధ్వర్యంలో

“ఇండో-యుయన్ సూపర్ స్పెషాలిటీ హాస్పిటల్”

రైతులోకం ఫౌండేషన్ సహకారంతో

రోగ నిర్ధారణ పరీక్షలు - ఆహార ఆరోగ్య రైతు సదస్సు

తేది : 24-11-2019

ఆదివారం ఉ॥ 8 గం॥ల నుండి 1 గం॥ల వరకు

స్థలం : గంగేనేని కళ్యాణ మంటపం, నరసరావుపేట రోడ్,

వినుకొండ, గుంటూరు జిల్లా.

దైనందిన జీవితంలో వివిధ ఆహారపు అలవాట్లతో జీవనశైలిలో మార్పులు మనల్ని ఒత్తిడికి గురి చేస్తున్నాయి. మధుమేహం (షుగర్), రక్తపోటు (బి.పి.), రక్తహీనత (అనిమియ), మూత్రపిండాల వ్యాధులతో బారిన పడుతున్నాం. పరిగెడుతున్న జీవితంలో మన ఆరోగ్యం గురించి ఆలోచించాల్సిన అవసరం ఉంది. ప్రజారోగ్యంపై మేము రైతు సోదరులకు వ్యాధి నిర్ధారణ పరీక్షలు నిర్వహిస్తున్నాం.

ఈ అవగాహన శిబిరంలో బి.పి. (రక్తపోటు), మధుమేహం (డయాబెటీస్), (Blood Sugar), (HbA1C), E.C.G., (గుండె గ్రాఫ్), హిమోగ్లోబిన్ Blood Urea, Serum Creatinine (మూత్రపిండ వ్యాధులు) లాంటి తదితర పరీక్షలు నిర్వహించి రిపోర్టులు ఇవ్వబడును, మరియు ఆహార ఆరోగ్య సదస్సు నిర్వహించబడును.

రైతు సోదరులు ఈ సదవకాశం సద్వినియోగపరుచుకొని ఆరోగ్యకరమైన మధ్యాహ్న భోజనం సేవించి ఆరోగ్య సమాజ నిర్మాణంలో భాగస్వామ్యం కావాలని కోరుతున్నాం.

చక్కెర

పద్మశ్రీ ఆవార్డు గ్రహీత

డా॥ రాసలి ప్రసాద్ రావు

గుండె శస్త్ర చికిత్స నిపుణులు

ఇండో-యున్. సూపర్ స్పెషాలిటీ హాస్పిటల్, హైదరాబాద్.

ప్రాఫెసర్ డా॥ డి. రాంకిషన్

ఎముకలు, కీళ్ళ వ్యాధుల నిపుణులు

అధ్యక్షులు రైతులోకం ఫౌండేషన్

ఆసిస్ట్ సంస్థ

వివరాలకు : లిస్టింగ్ వి. నారాయణరెడ్డి : 94940 93940

ఇండో-యుయన్ సూపర్ స్పెషాలిటీ హాస్పిటల్ : 89784 80860

సాధారణ వైద్య పరీక్షలు

ప్రశ్నావళి

తేది :

పేరు :

చిరునామా :

పుట్టిన తేది / వయస్సు :

టెలిఫోన్ నెంబరు :

స్త్రీ / పురుషుడు :

ఎత్తు (సెంటీమీటర్లలో) :

బరువు (కిలో గ్రాములలో) :

నడుము చుట్టుకొలత :

బ్లడ్ ప్రెషర్ :

బిఎంబి :

ప్రశ్నలు :

గుండెపోటు వచ్చింది / రాలేదు.

చక్కెర / నరాల బలహీనత వచ్చింది / రాలేదు.

కుటుంబంలో గుండె / మెదడు సమస్యలు ఉన్నది / లేవు.

అధిక రక్తపు పోటు (హైపర్ టెన్షన్)

చక్కెర వ్యాధి (డయాబెటీస్) ఉన్నది / లేదు.

ఇన్సులిన్ స్వీకరిస్తున్నారా? / చక్కెర వ్యాధి బిళ్లలా?

పొగ అలవాటు ఉన్నది / లేదు.

రోజు కాలే సిగరెట్లు / బెడిలు / చుట్టల సంఖ్య :

—— *Disruptive Innovations* ——

IN HEALTHCARE

—— *Could They Cure The* ——

CURRENT CRISIS?

—— *Could Disruptive Innovations* ——

LEAD TO REFORM?

CALL TO ACTION

This year, our campaign focuses on **creating a global community of Heart Heroes**... people from all walks of life who are acting now to live longer, better, heart-healthy lives by making a promise.



A promise to our families to cook and eat more healthily

A promise to our children to do more exercise and help them to be more active, to say no to smoking and help our loved ones to stop

A promise as a healthcare professional to help patients give up smoking and lower their cholesterol

A promise as a policymaker to support policies that promote healthy hearts

A promise as an employee to invest in heart-healthy workplaces

A simple promise... for MY HEART, for YOUR HEART, for ALL OUR HEARTS.

Our ambition is to urge everyone to devote part of their time to improving their own cardiovascular health, and to help to improve the cardiovascular health of others.

We all have a role to play and by working together we can help people live longer, better, more heart-healthy lives

80% of premature deaths from CVD could be avoided if the four main risk factors – tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol – are controlled.

The burden of CVD CAN be reduced. But we must all act now.

Individuals must take control of their own heart health by understanding their own and their families' risk of CVD and acting to improve it. Governments and Ministries of Health must accurately understand the scale of the problem by investing in CVD surveillance and monitoring.

Let's spread the word about how we can combat premature mortality caused by CVD, the world's number one killer.

DISRUPT AND INNOVATE

Good heart health is good for MY HEART, for YOUR HEART, for ALL OUR HEARTS

Small lifestyle changes can make a powerful difference to our heart health: 30 minutes of activity a day, giving up smoking and eating a healthy diet can help prevent heart disease and stroke. By sharing knowledge, we can inspire each other to become more heart healthy.

BE A HEART HERO

1 **PROMISE TO DO ONE THING FOR YOUR HEART**



Know
your blood
pressure



Stop
smoking



Eat
healthily



Exercise
more



2

SHARE YOUR PROMISE AND INSPIRE OTHERS

Go to worldheartday.org



Make
a poster



Post it on
social media



3

KEEP YOUR PROMISE



MY HEART, YOUR HEART

WORLD
HEART
DAY
29 SEPTEMBER





BE A HEART HERO



MAKE A PROMISE

MY HEART, YOUR HEART



WORLD
HEART
FEDERATION

worldheartday.org
#worldheartday

In partnership with:





WORLD
HEART
DAY
29 SEPTEMBER





I PROMISE MY
DAUGHTER TO GET
MORE EXERCISE
BECAUSE I LOVE
HER

WHAT WILL YOU DO?

MY HEART, YOUR HEART



WORLD
HEART
FEDERATION

worldheartday.org
#worldheartday

In partnership with:





Dare to innovate. Do something astonishing. Disrupt yourself.

Namaste

"I BOW TO YOU"

Nama means bow, as means I, and te means you. Therefore, namaste literally means "bow me you" or "I bow to you."

DR. D. PRASADA RAO

PRASADARAO.DASARI@REDIFFMAIL.COM

98480 50066

THE HEART TEAM